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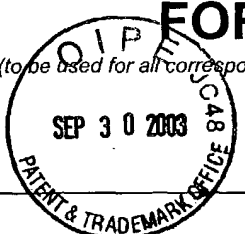
<b>FEE TRANSMITTAL</b> <b>for FY 2003</b>  <i>Patent fees are subject to annual revision.</i>		<b>Complete if Known</b>		
		Application Number	10/606,863	
		Filing Date	June 27, 2003	
		First Named Inventor	OKITSU et al.	
		Examiner Name		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Group/Art Unit	2836		
TOTAL AMOUNT OF PAYMENT	(\$)	40	Attorney Docket No.	11-165


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<b>METHOD OF PAYMENT (check one)</b>		<b>FEE CALCULATION (continued)</b>			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:		<b>3. ADDITIONAL FEES</b>			
Deposit Account Number	50-1147	Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
Deposit Account Name	POSZ & BETHARDS, PLC	1051	130	2051	65
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		1052	50	2052	25
2. <input checked="" type="checkbox"/> Payment Enclosed:		1053	130	1053	130
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		1812	2,520	1812	2,520
<b>FEE CALCULATION</b>		1804	920*	1804	920*
<b>1. BASIC FILING FEE</b>		1805	1,840*	1805	1,840*
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)		0	
<b>2. EXTRA CLAIM FEES</b>		1251	110	2251	55
Total Claims	-20**=	0	x	18	= 0
Independent Claims	-3***=	0	x	84	= 0
Multiple Dependent					
**or number previously paid, if greater; For Reissues, see below					
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple dependent claim, if not paid	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)		0	
		1252	410	2252	205
		1253	930	2253	460
		1254	1450	2254	725
		1255	1970	2255	985
		1401	320	2401	160
		1402	320	2402	160
		1403	280	2403	140
		1451	1,510	1451	1,510
		1452	110	2452	55
		1453	1,300	2453	650
		1501	1300	2501	650
		1502	470	2502	235
		1503	630	2503	315
		1460	130	1460	130
		1807	50	1807	50
		1806	180	1806	180
		8021	40	8021	40
		1809	750	2809	375
		1810	750	2810	375
		Other fee (specify) _____			
		Other fee (specify) _____			
SUBTOTAL (3)		(\$)		40	

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature		Telephone	(703) 707-9110
		Date	September 30, 2003

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing) 	Application Number	10/606,863	
	Filing Date	June 27, 2003	
	First Named Inventor	OKITSU et al.	
	Group Art Unit	2836	
	Examiner Name		
		Attorney Docket Number	11-165

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):    
Remarks  		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	David G. Posz (Reg. No. 37,701) Posz & Bethards, PLC	
Signature		
Date	September 30, 2003	

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